

(Filed on Original -

Jesus Manuel Lopez)

MARGIN RESERVED FOR BINDING

USE PERMANENT INK

State File No. 213, Gila Co.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 213

Place of Birth Claypool County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin <u>twin</u> } Triplet } or other? }	and }	Number in order of birth
<u>Male</u>			

DATE OF BIRTH* June 30, 1925
(Month) (Day) (Year)

FULL NAME FATHER
Francisco E. Lopez

FULL MAIDEN NAME MOTHER
Antonia Rodriguez

I HEREBY CERTIFY that the child described herein
has been named

Francisco Lopez

(Give name in full)

(Surname)

X Antonia R. Lopez
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar
5M 5/20/41

639 - 630 - 199